

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
M	M	M																									
D	D	D																									
Y	Y	Y	Y	Y	Y																						

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td>14</td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2020</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			M	M	M	09			D	D	D	14			Y	Y	Y	Y	Y	Y	2020					
M	M	M																											
09																													
D	D	D																											
14																													
Y	Y	Y	Y	Y	Y																								
2020																													
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>34127.50</td></tr> </table>																						34127.50				
									34127.50																				
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.18831																										
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td>02</td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2020</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			M	M	M	09			D	D	D	02			Y	Y	Y	Y	Y	Y	2020					
M	M	M																											
09																													
D	D	D																											
02																													
Y	Y	Y	Y	Y	Y																								
2020																													
Name of Federal Candidate TRUMP, DONALD J., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose																										
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____																										
<table border="1" style="display:inline-table; margin:0 5px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>266626.94</td></tr> </table>																						266626.94							
									266626.94																				

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td>14</td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2020</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			M	M	M	09			D	D	D	14			Y	Y	Y	Y	Y	Y	2020					
M	M	M																											
09																													
D	D	D																											
14																													
Y	Y	Y	Y	Y	Y																								
2020																													
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>34127.50</td></tr> </table>																						34127.50				
									34127.50																				
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.18832																										
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td>02</td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2020</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			M	M	M	09			D	D	D	02			Y	Y	Y	Y	Y	Y	2020					
M	M	M																											
09																													
D	D	D																											
02																													
Y	Y	Y	Y	Y	Y																								
2020																													
Name of Federal Candidate BIDEN, JOSEPH R JR., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose																										
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____																										
<table border="1" style="display:inline-table; margin:0 5px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>300754.44</td></tr> </table>																						300754.44							
									300754.44																				

(a) SUBTOTAL of Itemized Independent Expenditures.....	►	<table border="1" style="display:inline-table; margin:0 5px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>68255.00</td></tr> </table>																				68255.00
									68255.00													
(b) SUBTOTAL of Unitemized Independent Expenditures	►	<table border="1" style="display:inline-table; margin:0 5px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				
(c) TOTAL Independent Expenditures.....	►	<table border="1" style="display:inline-table; margin:0 5px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>68255.00</td></tr> </table>																				68255.00
									68255.00													

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M	M	M
09		

 /

D	D	D
14		

 /

Y	Y	Y	Y	Y	Y
2020					

Signature